

SECTION II - TAKING AND PROCESSING INITIAL INTERSTATE CLAIMS

1. Initial Interstate Claims. The Initial Interstate Claim, Form IB-1, should be printed in the exact format as prescribed. If the Form IB-1 is computer generated by the Agent State as a result of data entry, the resulting form should be in the same format as prescribed here for preprinted forms.

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2. Initial Interstate Claim, Form IB-1 (8 1/2" X 11" White)

a. Face of Form

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b. Reverse of Form

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c. Purpose and Use. This form is used to file an interstate initial claim (new, additional, re-open). It is used by the Agent State to document all necessary information from the claimant and provide data to the Liable State. It is used by the Liable State to continue the necessary actions to establish, activate, or transfer a claim.

d. Preparation

Item 1, Name. Enter the claimant's name as it should appear on the benefit check. If a claimant used any other name or social security number while working for employers during the base or lag period of the claim, enter that information on the second line.

Item 2, Social Security Number. Enter the claimant's number as provided by the claimant. If the Agent or Liable State is Canada, the claimant's Social Insurance Number must be entered in the "Remarks" section of the form. If the claimant worked under another number during the base period, enter the other number in the space provided on the second line of item 1. If the claimant worked under more than two numbers during the base period of the claim, record all other numbers under "Remarks" on the back of Form IB-1. When the claimant has worked under more than one social security number, complete a Fact Finding Report, Form IB-11, and attach to the initial claim. If the claimant worked without reporting a social security number to the employer, complete a Fact-Finding Report, Form IB-11, and attach to the initial claim and advise the claimant to provide proof of employment directly to the Liable State.

Item 3, Local Mailing Address. Enter the claimant's local mailing address, including zip code, and advise the claimant that communications from the Agent State and the Liable State will be sent to that address. If a claimant uses a post office box number or general delivery address, record the claimant's actual residence address in the "remarks" section and advise the Liable State of any possible effect on the claimant's availability for work. If there is a possible negative effect, complete a Fact Finding Report, Form IB-11.

Item 4, Telephone Number. Enter the claimant's telephone number, including the area code. If a claimant does not have a telephone, but can receive messages at a number, write "no phone" in space provided and enter the message number in remarks section

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with an explanation.

Item 5, Date of Birth. Enter the claimant's month, day, and year of birth.

Item 6, Sex. Indicate the claimant's sex by entering "F" for female or "M" for male.

Item 7, Highest Grade Completed. Enter the highest grade or level of education completed by the claimant. The entries will be translated as follows for telecommunication of TC-IB1:

- 01 - 12 = Grammar school thru high school - enter corresponding number 01-12 for grade completed;
- 13 = 1 year of college;
- 14 = 2 years of college or Associate degree;
- 15 = 3 years of college;
- 16 = 4 years of college or Bachelor's degree;
- 17 = 1 year of post graduate study;
- 18 = 2 years of post graduate study or Master's degree;
- 19 = Doctorate.

Item 8, Occupation. Enter the claimant's customary occupation.

Item 9, Recall Date (Date to Return to Work). Enter the date that the employer has advised the claimant to return to work. If the claimant does not have a definite recall date, leave blank.

Item 10, Have you claimed, received, or applied for unemployment benefits in the past 12 months? If the answer is "yes," enter date of last claim and Liable State in space provided.

Item 11, I am a citizen or a national of the U.S. I am in a satisfactory immigration status. If the claimant answers

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"yes" to this question, check the "yes" box to statement 11(a) and 11(b), as appropriate. A check of "yes" to statement 11(a) should suffice to determine the claimant's status as exempt from denial of benefits by reason of nationality and no entry is required for statement 11(b).

If the answer is "no" to statement 11(a) or "yes" to statement 11(b), enter the claimant's alien registration number, if applicable. If the claimant does not have an alien registration number, provide sufficient information to allow the Liable State to complete the systematic alien verification requirements and determine if the claimant was legally employed during the base period, and is currently legally employable. From whatever documentation the claimant has, obtain the date, name of document, date of entry, expiration date of the document, and a description of restrictions that may affect the claimant's employability. If the claim is being taken by telephone, ask the claimant to read the information from the Immigration and Naturalization documents that were issued.

If the claimant answers "no" to the second statement, prepare a Fact Finding Report, Form IB-11, addressing the claimant's immigration status.

Item 12, Is there any reason you cannot accept work now? If the answer is "yes" explain in detail in the "Remarks" section or on a Fact Finding Report, Form IB-11. Obtain sufficient information to allow the Liable State to determine if the claimant has able, available and/or work search issues.

Item 13, Are you a member in good standing of a Union and get work through a union hiring hall? If the answer is "yes", record claimant's union affiliation, local number and geographical location in the "Remarks" section.

Item 14, Did you receive, are you receiving, or will you receive any vacation pay, severance pay, or wages in lieu of notice? If the answer is "yes", provide the type, amount and source of payment, and the period covered in the "Remarks" section of this form.

Item 15, Are you farming, attending school, self-employed, a corporate officer, related to anyone for whom you worked, or employed on a commission basis? If the answer is "yes", explain in detail on a Form IB-11.

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Item 16, Do you have dependents? If the answer is "yes" to this question, the Agent State will take no action. Upon receipt, the Liable State will initiate the appropriate questionnaire to the claimant.

Item 17, Did you receive, will you receive, or are you receiving payment under any type of retirement plan, pension, social security, IRA, KEOGH, etc., based upon previous employment? If the claimant answers "yes" to this question, obtain and provide the necessary information pertaining to the payment(s) on a Form IB-11 or in the "remarks" section.

Item 18, Do you make or owe child support payments? If "yes", complete the following. If the claimant is required to pay or owes child support payments which are being enforced by a State or local child support enforcement agency, he/she should answer "yes" and enter the City, County, and State of enforcement, as appropriate.

Item 19, Do you elect to have Federal Income Tax withheld from your benefit payments? Unemployment compensation is taxable income. If the claimant answers "yes" to this question, advise the claimant that the Federal income tax deduction is 15 percent of the benefit payment issued. Also advise the claimant that if their State has a State withholding provision, the Liable State will contact them upon receipt of their claim.

Item 20, Work Record. Enter the employer's name, address and telephone number of the actual worksite, and the address and telephone number where the employer's payroll records are kept, if different. If Maritime, identify the vessel. If work was performed outside the United States, the country should be identified. Enter the beginning and ending dates of employment with each employer, the type of work performed, and check the appropriate box to show reason for separation.

If there are any incomplete addresses or approximate dates of employment shown in this section, explain in the "Remarks" section.

Item 21, Remarks. Use this section for detailed answers. Indicate item numbers to which the answers apply. If more space is required, use Forms IB-11 or IB-11S, as appropriate.

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Item 22, Certification/Authorization. The claimstaker should read this statement to the claimant and have the claimant sign. If the claim is being taken by telephone, enter "By Telephone" on the signature line. If the claimant cannot agree to any part of the statement, explain fully in the "Remarks" section.

Item 23, Claimant elects to file under the wage combining arrangement and does not qualify under this State's law. If the claimant has employment in more than one State and elects to file a combined wage claim, the claimstaker must answer "yes" only if the claimant has been found to be monetarily ineligible under the filing State's law on a combined wage claim. When this question is answered "yes", "CWC" must be checked in Item K on face of Form IB-1.

Item 24, UCFE Service Data. If the initial claim being filed is a "new" or "transitional" claim and the claimant has Federal civilian service in the base period, follow instructions in ET Handbook No. 391, UNEMPLOYMENT COMPENSATION FOR FORMER FEDERAL CIVILIAN EMPLOYEES, CHAPTER III, and answer the questions in Items 24 A-E as instructed below:

Item 24(A), Covered Employment in Agent State. When the answer to this question is "yes", the Liable State must ensure that the claimant's Federal wages are not assignable to the Agent State. Covered employment (in the claimant's State of residence) subsequent to separation from Federal Civilian Service changes the wage assignment for unassigned wages. If UCFE wages have been previously assigned based on a prior initial claim, subsequent employment in the agent State does not change the State of assignment.

Item 24(D), Form ETA 935. Make no entry in this item. The agent State will no longer complete an ETA 935 at the time of the initial claim. The Liable State will obtain ETA 935 information directly from the claimant, if necessary.

Item 25, Claimstaker's Certification. When all of the entries on the claim form have been completed, the claimstaker should read the certification in Item 25, strike out "witness the signature of this claimant" and sign the form.

Ensure that the Agent office number, address, telephone number and FAX number are affixed to the form in the space provided and

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that a copy of each supporting document pertaining to the claim is attached to the Liable State's copy of the Form IB-1.

Item A, Today's Date. Enter the date this form is completed.

Item B, Effective Date. This entry is required on all claims. Refer to the electronic Handbook for Interstate Claimstaking to determine the correct effective date for the Liable State. In most cases, it will be the Sunday preceding the date of filing. If the claimant requests backdating, enter the precise date to which the claimant is requesting backdating.

Item C, Liable State. Enter the two digit FIPS Code, in the boxes, and the full name of the State against which the claim is filed on the line to the right of the boxes. Unless the claimant has been previously questioned, do not complete this item until Item 20, Work Record, has been completed by the claimant and reviewed.

Item D, Backdate Code. If the effective date shown in Item B precedes the beginning of the week in which the claim is being taken, enter the coded reason for backdating in this box. If the claim is not being backdated, enter "0" on the TC-IB1. Backdating codes are as follows:

- 1 - Filed invalid Interstate claim.
- 2 - Filed invalid Intrastate claim
- 3 - Backdated due to workload scheduling in the Agent State.
- 4 - Backdated due to failure to file transitional claim - nonclaimant error.
- 5 - Backdated due to cancelled Combined Wage Claim (CWC).
- 6 - Other, explain using a Fact Finding Report, Form IB-11.

In addition to entering one of the above codes, explain the backdating in the "Remarks" section or on an accompanying Fact Finding Report, Form IB-11. If backdating reason is Code 5, show

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the date that transferred wages were/are being returned in the "Remarks" Section of the Form IB-1.

Item E, FIPS Code (Residence). Enter the two digit State, three digit County, and the four digit City (labor market area, SMSA) FIPS Code for the claimant's actual place of residence. This may not coincide with the claimant's mailing address or Agent State.

Item F, Ethnic (E) Code. Enter the claimant's identification by racial/ethnic characteristics. This entry is not mandatory. The claimstaker should advise the claimant that the information is requested for statistical purposes and enter the claimant's ethnic and minority group as advised by the claimant. The claimstaker should use INA when the claimant does not wish to provide the information.

Show the racial/ethnic group with which the claimant is identified as follows:

- Code 1 - White, not Hispanic
- Code 2 - Black, not Hispanic
- Code 3 - Hispanic
- Code 4 - American Indian and Alaskan Native

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- Code 5 - Asian and Pacific Islander
- Code 6 - Information not available.

Item G, DOT Code. Enter the first three digits of the DOT code corresponding to the occupation shown in Item 8.

Item H, Agent State Data. Enter the two digit FIPS Code for the Agent State and the four digit number of the local office. If the number is less than four or more than four, follow instructions from central office for creating a four digit number. The local office number should not exceed four digits under any circumstances.

Item I, Issue. If there is any type of "issue" on the claim, enter "X" for yes, and be sure to attach the appropriate Claimant/Employer Separation Statement, Form IB-3; a Fact Finding Report, Form IB-11; or a Separation Fact Finding Report, Form IB-11S to the initial claim assembly.

Item J, Claim Status. Check the box for the type of initial claim being filed.

New - An initial claim filed to establish a benefit year.

Additional - An initial claim is being filed and the claimant has an existing benefit year in the Liable State and there has been a break in the claim series attributable to employment since the last claim was filed.

Reopen - Same as for "additional" except that there has been no employment since the last claim was filed. Also check this box when the initial claim is the first claim filed in a new Agent State, and it is not a "new" or "additional" claim.

Item K, Program/Type of Wages. At the time the claims-taker reviews the Work Record, Item 20, and determines the Liable State, he/she should check the appropriate box(es) in this item to show the program and the type of wages involved in the claim, as follows:

UI - If there are any regular State covered wages shown in the base period.

UCFE - If there are any Federal civilian wages shown in

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the base period.

UCX - If there are any Military wages shown in the base period.

EB - If the Initial Claim is being taken to establish an Extended Benefits Claim.

CWC - If the claim is being filed under the Interstate Arrangement for Combining Employment and Wages and Item 23 is checked "yes." (Claimant must be ineligible for CWC against filing State before an Interstate CWC can be filed.)

Other - Check and enter the name of the program, such as TRA, Additional Benefits, etc.

Item L, Last Employer Data.

Ownership Code. Enter the ownership code of the last employer, last base period employer, or major base period employer, as appropriate.

SIC Code. Enter the first two digits of the last employer's Standard Industrial Code.

Item M, SS# Verified. Check "yes" if the claimant's social security number has been verified against sources of identification and verification as approved by the Agent State. Check "no" if the SSN has not been so verified.

e. Continuation Sheet of Form IB-1. Since Item 20 of the Initial Interstate Claim, Form IB-1 has only enough space for the entry of three (3) employers, there may be a need for continuation sheets to permit claimants to report all employers for whom they worked in the base and lag periods. To create the continuation sheet, item 20 of the Form IB-1 is replicated.

3. Agent State Claim Record. The Agent State should maintain a hard copy or computer record of the initial claim sent to the Liable State. When the initial claim is taken by the Liable State, the Agent State should create an Agent State record from the initial claims data provided by the Liable State.

4. Liable State Responsibilities. The Liable State is responsi-

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ble for obtaining any claimant signatures required and/or additional information needed to process the claim. (Refer to Section VIII, Liable State Functions.)